

14928

PTO/SB/01 (04-05)

Approved for use through 07/31/2006. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket
Number

MEMI-2

First Named Inventor

Jean-Francois BUTTY

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SALINE-ENHANCED CATHETER FOR RADIOFREQUENCY TUMOR ABLATION

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

03/03/2005

as United States Application Number or PCT International

Application Number

PCT/IB2005/000564

and was amended on (MM/DD/YYYY)

10/04/2005

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
04 005356.3	EP	03/05/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

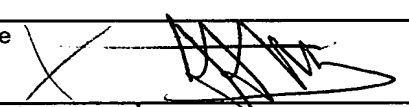
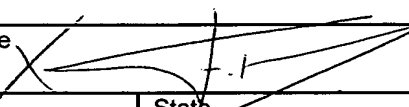
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

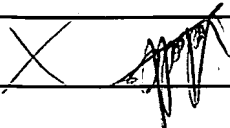
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> The address associated with Customer Number: 		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Clifford W. Browning of Krieg DeVault LLP			
Address One Indiana Square, Suite 2800			
City Indianapolis		State Indiana	ZIP 46204
Country USA	Telephone (317) 238-6203	Email cbrowning@kdlegal.com	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Jean-François		Family Name or Surname BUTTY	
Inventor's Signature 			Date 04.08.2006
Residence: City Chexbres	State	Country Switzerland	Citizenship CH
Mailing Address Chemin de Baulet 13			
City CHEXBRES	State	Zip CH-1605	Country Switzerland
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Fernando		Family Name or Surname BURDIO	
Inventor's Signature 			Date 10/08/2006
Residence: City Zaragoza	State	Country Spain	Citizenship ES
Mailing Address San Antonio Maria Claret, 58			
City ZARAGOZA	State	Zip ES-50005	Country Spain
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 1 of 1

Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Antonio		LABORDA	
Inventor's Signature 		Date <u>8-8-2006</u>	
Zaragoza Residence: City	State	Spain Country	ES Citizenship
Melilla, 298 Mailing Address			
ZARAGOZA City	State	ES-50007 Zip	Spain Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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14928

PTO/SB/81 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Jean-Francois BUTTY
Title	SALINE ENHANCED CATHETER
Art Unit	
Examiner Name	
Attorney Docket Number	MEMI-2

I hereby appoint:

☐ Practitioners at Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Clifford W. Browning	32,201

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

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☐ The address associated with Customer Number:

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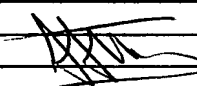
<input checked="" type="checkbox"/> Firm or Individual Name	Clifford W. Browning of Krieg DeVault LLP				
Address	One Indiana Square, Suite 2800				
Address					
City	Indianapolis	State	IN	Zip	46204
Country	USA				
Telephone	(317) 238-6203	Fax	(317) 238-6371		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Jean-François BUTTY		
Signature			
Date	04.08.2006	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number	
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First Named Inventor	Jean-Francois BUTTY
Title	ENHANCED-SALINE CATHETER ..
Art Unit	
Examiner Name	
Attorney Docket Number	MEMI-2

I hereby appoint:

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OR

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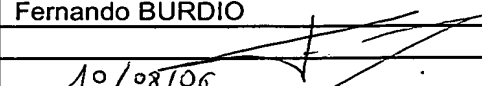
<input checked="" type="checkbox"/> Firm or Individual Name	Clifford W. Browning of Krieg DeVault LLP				
Address	One Indiana Square, Suite 2800				
Address					
City	Indianapolis	State	IN	Zip	46204
Country	USA				
Telephone	(317) 238-6203	Fax	(317) 238-6371		

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Fernando BURDIO		
Signature			
Date	10/08/06	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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First Named Inventor	Jean-Francois BUTTY
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Art Unit	
Examiner Name	
Attorney Docket Number	MEMI-2

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OR

☒ Practitioner(s) named below:

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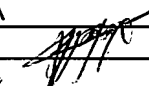
<input checked="" type="checkbox"/> Firm or Individual Name	Clifford W. Browning of Krieg DeVault LLP				
Address	One Indiana Square, Suite 2800				
Address					
City	Indianapolis	State	IN	Zip	46204
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SIGNATURE of Applicant or Assignee of Record

Name	Antonio LABORDA		
Signature			
Date	8-8-2006	Telephone	

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